

Comment to the article: Comparison of short- and mid-term outcomes of antiplatelet versus anticoagulant use in peripheral artery disease patients with synthetic grafts

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Received: August 18, 2025 Accepted: September 01, 2025 Published online: October 21, 2025

I read with great interest the recent study by Çelik and Şahin comparing the outcomes of antiplatelet and anticoagulant therapy after femoropopliteal bypass with synthetic grafts.^[1] The study makes a valuable contribution to this clinical question, which is frequently encountered in daily practice but for which data remain limited.

The finding of similar short- and mid-term patency rates in both treatment groups suggests that antiplatelet therapy can be safely preferred, particularly in patients with multiple comorbidities who may face compliance issues with international normalized ratio (INR) monitoring. On the other hand, the difficulty of maintaining target INR levels in patients receiving anticoagulant therapy emerges as a crucial practical factor affecting the treatment success.^[2]

Patency rates depend on anatomical and technical factors. Do the characteristics of the grafts used, such as graft material (ePTFE or Dacron), diameter, and whether they are ringed or straight, as well as the choice of graft type, show variability? From an anatomical perspective, distal vessel disease is a critical determinant of runoff. Including these details would enhance the generalizability of the study.^[3,4]

I believe that this valuable study by Çelik and Şahin^[1] would contribute to the development of individualized treatment approaches after peripheral arterial surgery.

Data Sharing Statement: The data that support the findings of this study are available from the corresponding author upon reasonable request.

Conflict of Interest: The author declared no conflicts of interest with respect to the authorship and/or publication of this article.

Funding: The author received no financial support for the research and/or authorship of this article.

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Citation:

Kemahlı MB. *Comment to the article: Comparison of short- and mid-term outcomes of antiplatelet versus anticoagulant use in peripheral artery disease patients with synthetic grafts.* *Cardiovasc Surg Int* 2025;12(3):251. doi: 10.5606/e-cvsi.2025.2033.